

**MONTANA BOARD OF PROFESSIONAL ENGINEERS  
AND PROFESSIONAL LAND SURVEYORS**

301 South Park Avenue  
PO Box 200513  
Helena Montana 59620-0513  
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WEBSITE: <http://www.landsurveyor.mt.gov>

**APPLICATION PROCEDURES FOR:**

**LAND SURVEYOR INTERN**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 30 days for processing from the date that the Board has a complete routine application)

**GENERAL INSTRUCTIONS:** An applicant for enrollment by exam shall complete the application form in every detail unless applying only by education. Experience sections are not required in that case.

**ENROLLMENT REQUIREMENTS**

Applicants for enrollment by examination must meet one of the following set of requirements:

- 1) A bachelor of science in a board approved curriculum that includes 27 semester hours or 40-quarter credit hours in land surveying techniques, principles and practices.
- 2) At least 2 years of formal education in an approved curriculum that includes a minimum of 27 semester or 40 quarter credit hours in surveying techniques, principles, and practices, above high school level, with at least 60 semester or 90 quarter credit hours or equivalent semester hours, or the equivalent approved by the board.
- 3) A bachelor of science degree in a board-approved curriculum and evidence satisfactory to the board that, in addition, has had at least 2 years of combined office and field experience in land surveying, with a minimum of 1 year in charge of land surveying projects under the supervision of a professional land surveyor.
- 4) At least 6 years of combined office and field experience in land surveying, with a minimum of 4 years of experience in charge of land surveying projects under the supervision of a professional land surveyor.

**FEES**

All application fees are non-refundable. Payment of fees shall be by money order, personal check or certified check, payable to the Montana Board of PELS.

**Land Surveyor Intern      \$25.00**

**DEADLINE DATES:** The board office must receive applications on or before the following dates for review at a regularly scheduled meeting:

<b>JANUARY 15</b>	<b>FOR REVIEW AT THE WINTER MEETING FOR SPRING EXAM</b>
<b>APRIL 15</b>	<b>FOR REVIEW AT THE SPRING MEETING FOR FALL EXAM</b>
<b>JULY 15</b>	<b>FOR REVIEW AT THE SUMMER MEETING FOR FALL EXAM</b>

The Board encourages the applicants to attend the meeting however, if you are unable to attend you will be notified of the Board's decision in writing.

**SUPPORTING DOCUMENTATION FOR EXAMINATION:**

Complete all portions of application and affidavit and make arrangements for the following items to be completed:

**COLLEGE/UNIVERSITY TRANSCRIPTS:** Official transcripts of college credits sent directly to the Board office from the school, college, or university. Transcripts marked "ISSUED TO STUDENT" **will not** be accepted.

**REFERENCE FORM LETTERS:** Make three copies of the reference form and send it to references listed. References must be reputable citizens, unrelated to the applicant of whom at least one (1) shall be a professional land surveyor having personal knowledge of the applicant's experience. No member of the Montana Board will be accepted as a reference. **References are to complete the form and mail it directly to the board office.**

**EXAMINATION DATES:**

**Spring Examination Dates:**

April 12, 2008	April 9, 2011
April 25, 2009	April 14, 2012
April 17, 2010	April 13, 2013

**Fall Examination Dates:**

October 25, 2008	October 29, 2011
October 24, 2009	October 27, 2012
October 30, 2010	October 26, 2013

**APPLICATION PROCEDURES**

♦ When a routine application file is complete, it will be processed and scheduled for the exam. The applicant may be notified if additional information is required or if the applicant will be required to appear before the Board during a regularly scheduled Board meeting.

♦ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to process.

♦ Keep the Board office informed at all times of any address changes or name changes. This is essential for timely processing of applications and subsequent licensure.

**Non-routine applications could be subject for Board review if you have answered yes to any of the questions on pages 4 and 5 of the application.**

**MONTANA BOARD OF PEPLS**

PO Box 200513  
301 South Park Ave, 4th Floor  
Helena MT 59620 - 0513  
Phone: (406) 841-2017 Fax: (406) 841-2309  
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Website: [www.landsurveyor.mt.gov](http://www.landsurveyor.mt.gov)

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 30 days for processing from the date that the Board received your complete routine application)

## APPLICATION FOR: LAND SURVEYOR INTERN

LAND SURVEYOR INTERN \$25.00

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please indicate your preferred mailing address \_\_\_\_\_ Home or \_\_\_\_\_ Business

Residential Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business (Present Employer) Information

Phone \_\_\_\_\_

fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business Name \_\_\_\_\_

PLEASE CHOOSE AN EXAM LOCATION \_\_\_\_\_ BUTTE \_\_\_\_\_ BOZEMAN \_\_\_\_\_ HAVRE [spring only]

# LAND SURVEYOR INTERN APPLICATION

Revised 1/2009

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All applicants must answer the following questions. If you answer, "yes" to any of these questions, attach a detailed explanation on a supplemental sheet containing names of organizations, dates, reasons, and outcome. If you answer "yes" to any question that relates to disciplinary action, attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

1. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  
☐ Yes  
☐ No
2. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  
☐ Yes  
☐ No
3. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  
☐ Yes  
☐ No
4. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.  
☐ Yes  
☐ No
5. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.  
☐ Yes  
☐ No
6. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  
☐ Yes  
☐ No
7. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  
☐ Yes  
☐ No
8. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  
☐ Yes  
☐ No

9. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.
- ☐ Yes
- ☐ No
10. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.
- ☐ Yes
- ☐ No
11. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.
- ☐ Yes
- ☐ No
12. Have any civil legal proceedings been filed against you by a employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.
- ☐ Yes
- ☐ No
13. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18<sup>th</sup> birthday unless you were tried as an adult.
- ☐ Yes
- ☐ No
14. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.
- ☐ Yes
- ☐ No
15. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.
- ☐ Yes
- ☐ No
16. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.
- ☐ Yes
- ☐ No

### EDUCATION:

List all colleges, universities, and institutions where you have obtained a degree. Official transcripts must be sent directly to the Board office from the college or university.

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

### QUALIFICATIONS TO APPLY FOR ENROLLMENT: (CHECK ONLY ONE)

Indicate which paragraph describes your qualifications. Then specify the name of the school, type of degree, course description, and credits earned. Details for education are not necessary if the school attended is from Flathead Valley Community College. Degrees earned that are not from Flathead Valley Community College will be considered by the board.

1. ☐ I have an Associate of Applied Science degree in Land Surveying from Flathead Community College. [No additional information is needed] **or**
2. ☐ I have a Bachelor of Science degree in a board- approved curriculum that includes 27 semester hours or 40 quarter credit hours in land surveying techniques, principles and practices.

Name of School \_\_\_\_\_ Type of Degree \_\_\_\_\_

**You must attach a list of course descriptions and number of credits earned for each course you are counting towards satisfying the requirement set forth in 37-67-310 MCA. A minimum of 27 semester or 40 quarter credit hours in surveying techniques, principles, and practices is required.**

3. ☐ I have at least 2 years of formal education in an approved curriculum that includes a minimum of 27 semester or 40 quarter credit hours in surveying techniques, principles, and practices, above high school level, with at least 60 semester or 90 quarter credit hours or equivalent semester hours. **The following information must be provided.**

Name of School \_\_\_\_\_ Type of Degree \_\_\_\_\_

**You must attach a list of course descriptions and number of credits earned for each course you are counting towards satisfying the requirement set forth in 37-67-310 MCA. A minimum of 27 semester or 40 quarter credit hours in surveying techniques, principles, and practices is required.**

4. ☐ I have a bachelor of science degree in a board approved curriculum and evidence satisfactory to the board that, in addition, has had at least 2 years of combined office and field experience in land surveying, with a minimum of 1 year in charge of land surveying projects under the supervision of a professional land surveyor.

Name of School \_\_\_\_\_ Type of Degree \_\_\_\_\_

Applying with land surveying experience only:

5. ☐ I have at least 6 years of combined office and field experience in land surveying, with a minimum of 4 years of experience in charge of land surveying projects under the supervision of a professional land surveyor.

**PROFESSIONAL & CHARACTER REFERENCES:**

Please type or print names and addresses of 3 references of whom at least one (1) must be a professional land surveyor. These names provided should be directly related to the experience being submitted for review.

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

**Administrative Rules of Montana CLASSIFICATION OF EXPERIENCE** CLASSIFICATION OF EXPERIENCE FOR LAND SURVEYING APPLICANTS (1) Land surveying experience shall include the following:

(a) preprofessional experience of four years of total progressive experience, gained under the supervision of a licensed professional land surveyor, all of which is required to be completed at the time of application. Land surveying experience must include a substantial portion spent in charge of work related to property conveyance

and/or boundary line determination. Credible experience may include one or more of the following:

- (i) approved preprofessional experience;
- (ii) progressive experience on land surveying projects which indicate the experience is of increasing quality and required greater responsibility;
- (iii) experience not obtained in violation of the licensure act;
- (iv) experience such as aliquot part subdivision of sections, retracing existing boundaries, establishing new boundaries, corner search and re-establishment, researching existing public records, survey computations, preparation of legal descriptions, certificates of survey, subdivision plats, corner recordation forms, exhibits and other documents pertinent to such work; or
- (v) credible teaching experience at an advanced level, post graduate or senior graduate, in a college or university offering a land surveying curriculum approved by the board, gained under the supervision of a licensed land surveyor.

(2) Experience time cannot be counted during periods counted for education.

(3) Upon request by the board, land surveyor applicants must demonstrate adequate experience in the field aspects of the profession.

(4) Subprofessional experience shall be credited to the required preprofessional experience at a minimum of one-half the period of experience. Subprofessional experience shall be limited to a maximum of four years to be credited as no more than two years of pre-professional experience. Credible subprofessional experience may include one or more of the following:

- (a) approved subprofessional experience;
- (b) survey experience done under the supervision of a licensed professional land surveyor, including such work as:
  - (i) construction layout of buildings and miscellaneous structures;
  - (ii) surveys necessary to obtain data and location of highways, roads, pipelines, canals, etc.;
  - (iii) construction staking for land modification; and
  - (iv) construction staking for highways, roads, utilities, etc.;
- (c) other construction surveying experience supervised by a licensed professional land surveyor; or
- (d) other surveying experience supervised by a licensed professional land surveyor.

AUTH: 37-67-202, MCA

IMP: 37-67-306, 37-67-309, MCA

## **RESUME OF EXPERIENCE (See "Classification of Experience", page 8)**

- a. Each of the three columns under "time" shall be filled out for each employer. Use zeros where necessary, but do not leave blank spaces, and do not use the word "yes".
- b. Use page 12 of this application to break down hours for columns B and C.



- c. The definition of what is considered “land surveying” and “other surveying” experience is found in ARM 24.183.702.

**RESUME OF WORK EXPERIENCE (Use additional sheets as necessary, Total Sum of Experience must be completed)**

Employer No.	Beginning Date	Ending Date	NAME OF EMPLOYER, POSITION TITLE, AND TYPE OF WORK PERFORMED Please make statements concise and accurate. Use <b>"Experience Detail Sheet" to provide complete details of your experience.</b> Begin with your present or recent position.	TIME OF EXPERIENCE  Note time in months			WORK VERIFICATION  List Name, License No. (if applicable), and present address of someone familiar with your work experience. Immediate Supervisor preferred.
				Land Survey Experience	Other Survey Experience	Office Experience	
				A	B	C	
1			Title:  Name of employer:				Name: License No.  Present address:
2			Title:  Name of employer:				Name: License No.  Present address:
3			Title:  Name of employer:				Name: License No.  Present address:
4			Title:  Name of employer:				Name: License No.  Present address:
5			Title:  Name of employer:				Name: License No.  Present address:
6			Title:  Name of employer:				Name: License No.  Present address:
			TOTAL SUM OF EXPERIENCE				

**LAND SURVEYING EXPERIENCE BREAKDOWN**

Please record work time in months (example: 6 mo.) Totals must be given in each column or application will be returned for completion.

		Field Experience						Office Experience											
		LAND SURVEYING				OTHER SURVEYING		OFFICE											
Engagement No.	Beginning Date	Ending Date	Property Corner Search	Retracing GLO Surveys	Retracing Legal Descriptions	Staking New Boundaries	Topographic Surveys	RECORD TOTAL LAND SURVEYING EXPERIENCE FOR EACH ENGAGEMENT, Column A, Page 11	Staking Roads or Highways	Layout of Structures	Staking Infrastructure	RECORD TOTAL OTHER SURVEYING EXPERIENCE FOR EACH ENGAGEMENT, Column B, Page 11	Calculating Section Break Downs	Reducing Field Notes	Records Search	Drafting	Completing Restoration Forms	Land Division Design and Calculations	RECORD TOTAL OFFICE EXPERIENCE FOR EACH ENGAGEMENT, Column C, Page 11
1																			
2																			
3																			
4																			
5																			
6																			
7																			
TOTALS																			

I hereby certify that I have filled out this form according to the Montana Professional Engineers and Land Surveyors Rule: ARM 24.183.802, "**Classification of Experience**" as shown on page 9 of this application and that the form completed is true and correct. Use additional sheets if necessary.

Signature of Applicant

Date

### **AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Professional Engineers and Professional Land Surveyors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Applicant Signature\_\_\_\_\_Date\_\_\_\_\_

**BOARD OF PROFESSIONAL ENGINEERS & PROFESSIONAL LAND SURVEYORS**  
**BO BOX 200513**  
**HELENA MT 59620-0513**

**REFERENCE FORM**

Applicant is to give this form to References.

References are to mail completed form directly to the Board Office at the above address.

RE: Application of \_\_\_\_\_ Application for: **Land Surveyor Intern**  
(name of applicant)

has given your name either as a reference or has stated that he/she has worked for or with you. We would appreciate you sending us the information requested on the reverse of this form and assure you that such information will be treated in the strictest confidence.

The Board is required by law to obtain evidence of the good character and qualifications of applicants that are applying to sit for the Fundamentals of Land Surveying exam to obtain certification.

1. My full name \_\_\_\_\_
2. My mailing address is \_\_\_\_\_  
(Street & number) (City) (State & Zip)
3. My present business or profession is \_\_\_\_\_

**Please check which apply:**

4. I \_\_\_\_\_ am \_\_\_\_\_ am not a registered professional \_\_\_\_\_ in \_\_\_\_\_  
(Engineer or Land Surveyor) (State)  
Branch/Discipline \_\_\_\_\_ License Number \_\_\_\_\_
5. My personal knowledge of the applicant is primarily with regard to his or her:  
\_\_\_\_\_ character \_\_\_\_\_ personal reputation \_\_\_\_\_ professional competency
6. From personal knowledge, I know that this individual's professional reputation is (please choose one):  
\_\_\_\_\_ excellent \_\_\_\_\_ above average \_\_\_\_\_ average \_\_\_\_\_ below average \_\_\_\_\_ poor
7. PROFESSIONAL COMPETENCE REFERENCE (Item 7 to be completed only if the individual worked with you or for you at any time) I have worked \_\_\_\_\_ with \_\_\_\_\_ employed, or the applicant has worked under my supervision as follows:

DATES	PROJECT	APPLICANT'S TITLE	APPLICANT'S EMPLOYER	EXTENT OF APPLICANTS RESPONSIBILITY (please be specific)

I make the above statements with full knowledge that the person above is making application for licensure by the State of Montana and having carefully read the information given on the first page of this "Reference Form" document in the definitions of Section 37-67-101.

License Seal if Applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature